

**HUMAN RIGHTS COMMISSION  
CITY OF NORTHAMPTON, MASSACHUSETTS**

**CITY HALL  
210 MAIN STREET ROOM 12  
NORTHAMPTON MA 01060-3199  
413-587-1249/FAX: 413-587-1275**

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**COMPLAINT**

Complaint Number \_\_\_\_\_

Date Received \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

COMPLAINANT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMPLAINANT'S TELEPHONE:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

**COMPLAINT REPORTED AGAINST:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF ALLEGED UNFAIR PRACTICE: \_\_\_\_\_

Turn over page to state details.

The undersigned Complainant hereby certifies that the facts alleged herein and on the reverse of this form and/or on the page(s) attached are true.

***Signed under the penalties of perjury.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## STATEMENT OF ALLEGED UNFAIR PRACTICE

[illegible]